RENNES HEALTH CENTER - WEST

501 NORTH LAKE STREET, PO BOX 147

PESHTI GO Phone: (715) 582-3906 Ownershi p: Corporation 54157 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 144 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 144 Average Daily Census: 117 Number of Residents on 12/31/00: 105

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	25. 7	
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 7	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 8	More Than 4 Years	27. 6	
Day Services	Yes	Mental Illness (Org./Psy)	13. 3	65 - 74	7. 6	[
Respite Care	Yes	Mental Illness (Other)	6. 7	75 - 84	29. 5		100. 0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	50. 5	****************	******	
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	1.0	95 & 0ver	8. 6	Full-Time Equivalen	t	
Congregate Meals	No	Cancer	2. 9			Nursing Staff per 100 Re	si dents	
Home Delivered Meals	No	Fractures	2. 9		100. 0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	27.6	65 & 0ver	96. 2			
Transportation	No	Cerebrovascul ar	5. 7			RNs	8. 9	
Referral Service	No	Di abetes	8. 6	Sex	%	LPNs	9. 0	
Other Services	No	Respi ratory	8. 6			Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	22. 9	Male	23. 8	Aides & Orderlies	41.8	
Mentally Ill	No			Femal e	76. 2			
Provide Day Programming for			100.0					
Developmentally Disabled	No			l	100. 0	<u> </u>		

Method of Reimbursement

		Medi	care		Medi c	ai d											
(Title 18)			(Title 19)			0ther		P	Pri vate Pay			Managed Care			Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	7	100. 0	\$204. 19	77	95. 1	\$97. 24	0	0. 0	\$0.00	17	100.0	\$133.50	0	0. 0	\$0.00	101	96. 2%
Intermediate				4	4. 9	\$80. 52	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	4	3.8%
Limited Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	7	100. 0		81	100. 0		0	0. 0		17	100.0		0	0. 0		105	100.0%

RENNES HEALTH CENTER - WEST

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	9.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 9	Bathi ng	1. 0		71. 4	27. 6	105
Other Nursing Homes	6. 3	Dressi ng	6. 7		74. 3	19. 0	105
Acute Care Hospitals	82. 1	Transferri ng	33. 3		48. 6	18. 1	105
Psych. HospMR/DD Facilities	0.0	Toilet Use	29. 5		45. 7	24. 8	105
Rehabilitation Hospitals	0.0	Eati ng	68. 6		17. 1	14. 3	105
Other Locations	0. 9	***************	******	*****	**********	********	*****
Total Number of Admissions	112	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	5. 7	Recei vi ng I	espi ratory Care	10. 5
Private Home/No Home Health	23.8	0cc/Freq. Incontinent	t of Bladder	46. 7	Recei vi ng T	racheostomy Care	0. 0
Private Home/With Home Health	20.0	0cc/Freq. Incontinent	t of Bowel	26. 7	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	10.0				Recei vi ng (stomy Care	1. 9
Acute Care Hospitals	9. 2	Mobility			Recei vi ng T	'ube Feedi ng	2. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	9. 5	Receiving M	Aechanically Altered Diets	29. 5
Rehabilitation Hospitals	0. 0						
Other Locations	3. 1	Skin Care			Other Resider	t Characteristics	
Deaths	33.8	With Pressure Sores		1.9	Have Advance	e Directives	87. 6
Total Number of Discharges		With Rashes		16. 2	Medi cati ons		
(Including Deaths)	130				Receiving I	sychoactive Drugs	41. 0
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		0wn	ershi p:	Bed	Size:	Li censure:			
	Thi s	Pro	pri etary	100-	- 199	Ski l	lled	Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81. 3	83. 7	0. 97	86. 4	0. 94	87. 0	0. 93	84. 5	0. 96
Current Residents from In-County	64. 8	75. 1	0. 86	79.8	0. 81	69. 3	0. 93	77. 5	0.84
Admissions from In-County, Still Residing	17. 0	18. 7	0. 91	23.8	0.71	22. 3	0. 76	21.5	0. 79
Admissions/Average Daily Census	95. 7	152. 8	0. 63	109. 7	0.87	104. 1	0. 92	124. 3	0.77
Discharges/Average Daily Census	111. 1	154. 5	0. 72	112. 2	0. 99	105. 4	1.05	126. 1	0. 88
Discharges To Private Residence/Average Daily Census	48. 7	59. 1	0.82	40. 9	1. 19	37. 2	1. 31	49. 9	0. 98
Residents Receiving Skilled Care	96. 2	90. 6	1.06	90. 3	1.06	87. 6	1. 10	83. 3	1. 15
Residents Aged 65 and Older	96. 2	95. 0	1. 01	93. 9	1.02	93. 4	1.03	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	77. 1	65. 4	1. 18	68. 7	1. 12	70. 7	1.09	69. 0	1. 12
Private Pay Funded Residents	16. 2	23. 2	0. 70	23. 2	0. 70	22. 1	0. 73	22. 6	0.72
Developmentally Disabled Residents	0. 0	0.8	0.00	0.8	0.00	0. 7	0. 00	7. 6	0.00
Mentally Ill Residents	20. 0	31. 4	0.64	37.6	0. 53	37. 4	0. 54	33. 3	0. 60
General Medical Service Residents	22. 9	23. 2	0. 98	22. 2	1.03	21. 1	1.08	18. 4	1.24
Impaired ADL (Mean)	46. 7	48. 9	0. 95	49. 5	0.94	47. 0	0. 99	49. 4	0. 95
Psychological Problems	41.0	44. 1	0. 93	47. 0	0. 87	49. 6	0.83	50. 1	0. 82
Nursing Care Required (Mean)	7. 9	6. 5	1. 20	7. 2	1.09	7. 0	1. 12	7. 2	1. 10